

PSJ3

Exhibit 118



PER # 02029
Request for Educational Grant Payment

Initiator: Linda Kitlinski, Ext. 156
Title: Clinical Development and Education Manager

Therapeutic Category: Pain Management

cc: Legal

<u>Institution/Organization</u>	<u>Program:</u>	
Name: American Academy of Pain Medicine Attn: Kathryn Checea		Scientific/Educational Activity:
Address: 4700 W. Lake Avenue Glenview, IL 60025-1485		
Tax ID: 36-3874208		Location:
Coordinator: Kathryn Checea Number of Talks: 26		
Name: Kathryn Checea		
Title: American Academy of Pain Medicine	Type:	
Phone: (847) 375-4731		
Fax: (847) 375-4777		
Check payable to: American Academy of Pain Medicine		Audience Size:
Notes: CME agreement attached. Please process at earliest convenience. Meeting 2/11-2/14/99.		Composition:

Expenses:	Hotel:	Meals:	Ground:	Air:	Other:	Total:
Estimated:						
Actual:						

Explanation: No expenses – unrestricted educational grant only.

Payments:	Estimated:	Actual:	Pay Date:	Invoice #:
Grant:	\$10,000.00	\$10,000.00		
	Total Payments:	\$10,000.00		

Funding Sources: Charge Code: 633001-400 Total Funding: \$10,000.00

Dennis W. Gardner _____ Louis J. Vollmer _____

Carol A. Ammon _____ Jeffrey R. Black _____